

Grant Application

Department of Criminal Justice Services, 805 East Broad Street, Tenth Floor, Richmond, Virginia 23219

Grant Program:	V-STOP
Applicant:	
Jurisdiction(s) Served:	
Program Title:	
Type of Application:	<input type="checkbox"/> Continuation of Grant Number _____

	Project Director	Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:			

Signature of Project Administrator:

Brief Project Description:

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Project Budget Summary	DCJS Funds		Match
	Federal (V-STOP)	General	
Personnel	\$	\$XXXXXXXXXXXXXX	\$
Consultants	\$	\$XXXXXXXXXXXXXX	\$
Travel/Subsistence	\$	\$XXXXXXXXXXXXXX	\$
Equipment	\$	\$XXXXXXXXXXXXXX	\$
Indirect Costs	\$Not allowed	\$XXXXXXXXXXXXXX	\$Not allowed
Supplies/Other Operating Expenses	\$	\$XXXXXXXXXXXXXX	\$
Totals:	\$	\$XXXXXXXXXXXXXX	\$
Grand Total: \$			